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Drug Abuse Prevention

For Your Family

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Alcohol, Drug Abuse, and Mental Health Administration

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DRUG ABUSE PREVENTION FOR YOUR FAMILY

This pamphlet is for you and your family. It's about a subject many families don't like to think about: drug abuse. More to the point, it's about how to *prevent* drug abuse, how to stop it *before* it starts.

This pamphlet was written because drug abuse is a problem many families face at some point and because there are some simple ways to prevent drug abuse. This pamphlet will give you the latest information on the effects of many commonly used drugs and, most important, information on how you and your family can become active and effective drug abuse *preventors.* You can stop drug abuse before it starts. We'd like to give you some ideas on how to do it.

William Pollin, M.D.
Director
National Institute on Drug Abuse

best copy available

Drug Abuse Prevention

For Your Family

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Rockville, Maryland 20857
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Alcohol, Drug Abuse, and Mental Health Administration

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Introduction

No matter why or how you obtained this pamphlet, you want to know about drugs and preventing their abuse. This pamphlet was written mainly for parents with children between the ages of eight and 20, because that is probably the best time to stop drug abuse—before it starts. But the principles of prevention can be applied at any time and to any age.

Prevention is a familiar idea. It is being used widely in the health field—preventive medicine, preventive dentistry. And we have all heard of defensive driving and fire safety, which are forms of prevention. Prevention is becoming popular in many areas because it works. The old saying that an ounce of prevention is worth a pound of cure is still true, especially for drug problems.

Stated simply, preventing drug abuse means helping your children to develop personal strengths and values that can reduce the likelihood that they will hurt themselves or others through the misuse and abuse of chemical substances. It means raising children to be thinking, caring adults, capable of making independent decisions with knowledge of and attention to the consequences. It means being there when they need you and knowing enough about drugs to give them the best advice you can.

One of the best things about prevention is that you may already have begun to do it. Close, caring families help prevent drug problems without being aware of it. Once you realize what prevention is, you have a chance to make your prevention efforts more lasting and meaningful to you and to your children.

The Drug Problem

Drugs are all around us. Some, like coffee, tobacco, alcohol, and aspirin are socially acceptable and are even looked upon by many as useful substances. These drugs are used daily and some adults abuse them with little thought as to the influence the sight of such abuse may have on children.

A wide variety of legal drugs are produced for medicinal purposes. These include stimulants (like amphetamines, caffeine, nicotine) and depressants (like sedatives, tranquilizers, alcohol), as well as over-the-counter drugs to relieve nearly every kind of human ailment, real or imagined. When used properly, most of these drugs can be helpful. Unfortunately, an increasing number of people misuse these drugs by taking them for the wrong reasons, too frequently, or in combination, sometimes creating highly dangerous drug interactions.

There are drugs with marginal social acceptance, such as marijuana and hashish, that are illegal but are used by a growing per-

centage of the population. The long-term effects of these drugs are being studied and we know that they are by no means harmless. As with all drugs, there is danger of abuse and adverse effects—physical, emotional, and mental. Until more is known, the wisest course is to avoid using drugs of this type. One other unfortunate result is that their use has caused a conflict between the young and their elders. Those who use drugs may become secretive and isolated, begin to lie to cover their actions and sometimes turn to petty theft to gain money for this unapproved activity.

Finally, there are drugs both dangerous and illegal, like heroin, LSD, and PCP, that—taken separately or together with other substances—may have severe effects upon the user.

All these drugs, legal and illegal, prescription and over-the-counter, are available with varying ease to children as well as to adults, both poor and rich. More detailed information on the effects of these and other commonly used drugs is presented on pages 11 to 17.

The widespread availability of all these substances is itself a problem, but the wrong reaction will only worsen that problem. You may not be able to stop the flow of drugs entirely, but you can help to prevent it from invading your home and involving your children. You can do this because for most of their lives you are the single most powerful role model and influence your children have. You can do this because, by understanding the problem and the solution, you can attack its very roots.

The Changing Family and Drug Abuse Prevention

Families are very important to preventing drug abuse. In fact, the changing nature of the family in America is thought by many experts to be one possible reason for drug abuse among the young. For these reasons and others, the family is the place to start prevention.

Today's families are different from their traditional form. The kind of family common several decades ago (parents, grandparents, grandchildren, and other relatives all living together in one house, or in the same farm or community), is no longer the norm. Because the people in our society move frequently, families are often separated from the traditions and roots they once had.

Even today, the family continues to change. There is, for example, a rapidly growing number of single-parent families. Families blended by remarriages following divorce or death are also common today. The family with step-relations presents new concerns in raising children.

Families try to raise young people to face life realistically and positively, and to give them some personal resources and values to guide their decisions as they grow up. Not all families succeed, but most families try to do the best they can for their children. That includes protecting them from the harm that drugs can cause them and those close to them.

Drug Abuse Prevention—What Is It?

Prevention is a simple concept, but it requires constant work to be successful. Drug abuse prevention does work. It requires a basic understanding and strong commitment from you.

Prevention is a positive process. If children grow up with love and security, can express themselves freely, are realistic and yet optimistic about their abilities, and can make sound decisions, they will probably never become dependent upon drugs. Here are some of the kinds of things you can give your children to help them from becoming involved with drugs:

- ☐ Love and affection as the child grows
- ☐ Consistent and fair discipline
- ☐ Open channels for feelings and thoughts
- ☐ Opportunities for successful experiences at home and in school
- ☐ A stable family atmosphere
- ☐ Tolerance for the child's mistakes
- ☐ Models of strong and thoughtful adults
- ☐ Accurate information about the problems of growing up today: sexuality, drugs, crime, and other topics about which children may be ignorant and fearful.

While this may sound unrealistic or too simple, studies of serious drug abusers show that failing to give children these kinds of support can be a possible cause of later drug problems.

Prevention can be as easy as helping your children find satisfying *alternatives* to drugs. If you don't already know just what your children like to do best, take the time to find out. Take the time to do what they enjoy. Too often, other seemingly more important things come along. To prevent drug abuse, there is nothing more important than spending time with your children.

Why People Abuse Drugs

The reasons people abuse drugs are as different as people are from one another. People take drugs to change the way they feel: to feel better, to feel happy, to feel nothing, to forget, to remember, to be accepted, to be sociable. To be something different than what they are. Drugs may seem like the best way to change a mood, to stop physical or mental pain, to increase self-assurance, to appear independent, daring, or even attractive.

People often feel differently about themselves when they use drugs, but the effects don't last. In the long run, people who misuse or abuse drugs feel worse about themselves, their problems increase, and they often get trapped in a spiral of increasing drug use.

The Family's Influence on Drug Abuse

Within a family, a lot of things influence a young person's attitude toward drugs and the likelihood that s/he will abuse them. Foremost among these is role modeling—children copying their parents' weaknesses as well as their strengths. It is common

knowledge that children of smokers tend to smoke themselves. If a parent drinks or takes pills to escape personal problems, to feel better or to "have a good time," his or her children may grow to believe that these are the right responses to disappointments or problems. Research shows a striking relationship between parents' use of drugs and drug abuse in their children.

Of course, parents are people too. Children can understand that no one is always perfect. What they need to see is consistency and decency in the people they most admire. What leads to confusion is the "Do as I say, not as I do" philosophy. You are the example. If you rely on drugs, you may be passing on problems of your own to your children. And they may not be old enough or experienced enough to know how to handle those problems by themselves.

Peer Pressure and Drug Abuse

The influence on young people by others of the same age or slightly older—their peers—is the first great and unavoidable trial of life outside the family. At certain times in a child's life, the desire to be liked and accepted by peers becomes more important than the influence of their parents. Peers—your child's playmates and friends—can make life pleasant or unbearable. A child is judged by his or her peers with a harshness not found in adult society, to insure that s/he "fits." Peer pressures center on topics parents don't always like to discuss, including drugs. But the strength a child needs in order to respond wisely to some of these demands comes mainly from the home and the family.

Peer pressures, and their importance to the child, intensify with adolescence. The mind and body undergo changes. The entertainments of childhood are replaced with more adult pastimes. Adolescence is a time of questioning established values, pushing at boundaries, and experimenting with the forbidden. Today, this often means drugs.

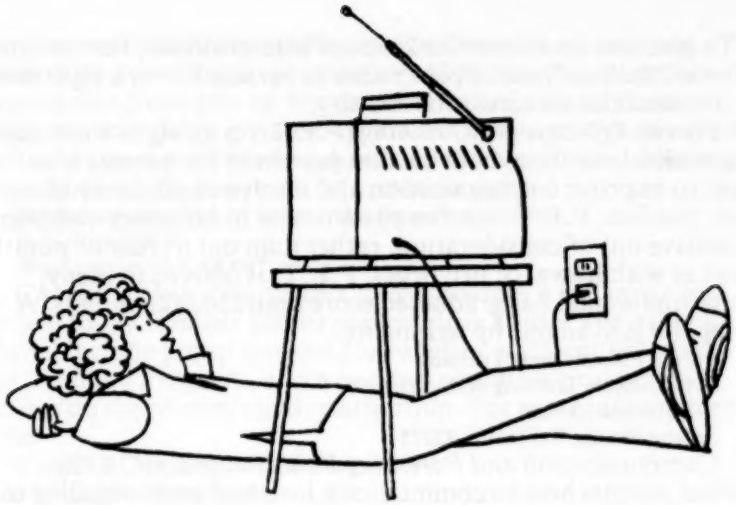
Experimentation, with a wide variety of things, is a natural part of growing up. Children learn from their mistakes. It is not only difficult to discourage experimentation, but, as most parents know, it often backfires. Drug experimentation should not be encouraged nor condoned, but too strong a reaction may drive a child deeper into drugs and serious abuse. Adequate preparation and a certain amount of behind-the-scenes guidance can help a child to chart a safe course through potentially dangerous waters.

Television and Drug Abuse

A major influence on children's attitudes toward drugs is television and the mass media. They are almost another parent in your home. Simply because of the number of hours spent watching it, television is often a primary source of information and attitudes for young people. Television can even compete with parents for the attention of their children. Not enough is yet known about the influence of television on growing children or how best to deal with that influence. There is little doubt, however, that the way television portrays alcohol and other drugs—through commercials and programs—raises issues that need to be discussed with young people.

The Family and Drug Abuse Prevention

Despite these outside influences, the family remains the place where prevention can succeed or fail. Families can give the loving relationships and basic self-confidence that are the keys to preventing drug abuse.



How Can You Tell Your Children Are Using Drugs?

You might try asking. Drug use is often hard to pinpoint, especially in the early stages. With good family prevention practices, communication with children should be open enough so that they feel comfortable in sharing their feelings about experimenting with drugs. It is usually much better to work on this relationship than for parents to spend their energies as anxious "detectives."

Many drugs have similar effects or have different effects at different times. Dependence occurs when people like drugs or feel they need drugs so much that they can't do without them. Only a few kinds of drugs, like narcotics or barbiturates, can cause *physical* dependence or addiction. But almost any drug, when used regularly or misused, can make a person feel s/he cannot function as well without the drug.

Beyond the Family

Besides preventing drug abuse from within, families are also the link to other people and places involved in prevention. There are a range of resources provided by churches, schools, and local prevention programs that you and your family can use to help stop drug abuse.

Often when families run into a problem which seems to be larger than they can handle, there is a tendency to withdraw from friends, relatives, and others outside the immediate family who could help. Even without a specific problem, families seldom make full use of the prevention services available. Inquiries to drug abuse prevention or treatment programs are always kept confidential.

To give you an idea of the kinds of help available, here are just a few of the hundreds of prevention programs at work right now in communities all across the country.

☐ *Parent Effectiveness Training* (P.E.T.) is an eight-week training session (one three-hour session per week) for parents who want to improve communication and resolve conflicts within their families. P.E.T. teaches parents how to influence children to behave out of consideration, rather than out of fear of punishment or withdrawal of privileges. P.E.T. is offered in many communities and has graduated more than 250,000 parents. A pamphlet is available by writing to:

Parent Effectiveness Training
Effectiveness Training Associates
531 Stevens Avenue
Solano Beach, California 92075

☐ *Communication and Parenting Skills Program* (CAPS) teaches parents how to communicate love and understanding to their children without losing the necessary position of authority. CAPS is based on the fact that parents are the most important role models a child has and that you can be more effective parents if you are aware of how your behavior can influence your children. For more information on CAPS, contact:

National Drug Abuse Center for Training and Resource Development
5530 Wisconsin Avenue, N.W.
Washington, D.C. 20015

☐ *Since You Care* helps parents look closely at their relationship to their children. The program tries to prevent or reduce problem behavior caused by drug abuse by teaching family members how to communicate more effectively with one another and by introducing families to methods of building a more trusting atmosphere. Since You Care requires an equal commitment of time from each individual member. A leader's manual describes the complete program. To find out more, write:

Erie County Council on Prevention, Alcoholism, & Drug Abuse
622 G. Daniel Baldwin Building
Erie, Pennsylvania 16501.

☐ *Alternatives, Incorporated* stresses family counseling for all family members. The technique used provides ways for an entire family to make a common effort to solve problems. Parents are also trained in values clarification, which helps young people to decide what things are important in their lives and how best to obtain them. Write to:

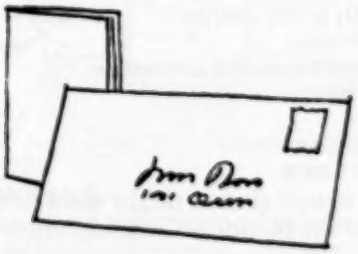
Alternatives, Inc.
7324 Warwick Blvd.
Newport News, Virginia 23607.

☐ *National Federation of Parents for Drug Free Youth* is a network of over 370 parent groups in 48 States. Parent groups range in size from four or five families united around their children's friendship group to community wide groups of several thousand parents all working to curtail the use of mind-altering drugs by children. For more information write:

National Federation of Parents for Drug Free Youth
P.O. Box 57217
Washington, D.C. 20037

☐ *Charlotte Drug Education Center* provides a full range of services to aid families and to prevent drug abuse. The programs offered include group sessions for families, a Parent Effectiveness Training Program, and a positive parenting program that focuses on the parent/child relationship. For more information write:

Charlotte Drug Education Center
1416 E. Morehead Street
Suite 201
Charlotte, North Carolina 28204.



Other Resources

If you need assistance with a drug problem or if you want to find out more about prevention, there are several places to turn to. If you don't know of any local sources of help, try these. They can give you accurate information or refer you to someone in your community who can help.

☐ *Single State Agencies for Drug Abuse Prevention* (SSAs). Each State has a single agency for the various drug abuse prevention, treatment, and rehabilitation programs within the State. These SSAs are a good place to contact first, if you want to find programs and services close to your home. They are listed in the back of this pamphlet.

☐ *The National Clearinghouse for Drug Abuse Information,* operated by the National Institute on Drug Abuse, provides the latest information on drugs, prevention, and treatment free to anyone requesting it. Contact:

National Clearinghouse for Drug Abuse Information
P.O. Box 1701
Washington, D.C. 20013

☐ *The Prevention Branch of the National Institute on Drug Abuse* is the focus for all prevention programs and activities within NIDA. Their address is:

Prevention Branch
Division of Resource Development
National Institute on Drug Abuse
Room 10A-30
5600 Fishers Lane
Rockville, Maryland 20857
(301) 443-2451

☐ *The PYRAMID Project* is a prevention resource network developed by the National Institute on Drug Abuse. PYRAMID provides assistance, instruction, and support for the development of drug abuse prevention efforts throughout the country. For more information about the PYRAMID Project and for referral to programs in your area, contact:

The PYRAMID Project
Pacific Institute for Research & Evaluation
3746 Mt. Diablo Blvd.
Suite 200
Lafayette, California 94549
Toll Free (800) 227-0438.

There are other materials you might want to read. They are available free from the National Clearinghouse for Drug Abuse Information.

A new booklet, *This Side Up,* is a good source of information for young people who are faced with making decisions about drugs. It combines factual information with features and activities that deal with alternatives to drug abuse.

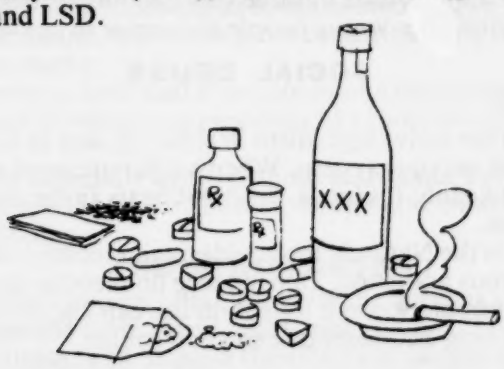
There is also a comprehensive resource book, *It Starts with People,* available free from the Clearinghouse. It describes how to plan a drug abuse prevention program for your local school or community.

SOME INFORMATION ON DRUGS AND THEIR EFFECTS

To deal with a drug problem, you must have facts about drugs and their effects. The following section contains the latest information from the National Institute on Drug Abuse and answers the most often asked questions about drugs and drug abuse.

What Is a Drug?

A drug is "any chemical substance that brings about physical, emotional, or mental changes in people." Alcohol, tobacco and even caffeine (in coffee, tea, cocoa, and cola drinks) are drugs. Other less widely used drugs include THC (in marijuana and hashish), amphetamines, barbiturates, tranquilizers, narcotics, cocaine, phencyclidine (PCP), volatile chemicals (glue and other inhalants), and LSD.



What Is Drug Abuse?

Drug abuse is the use of any chemical substance, legal or illegal, which causes physical, mental, emotional, or social harm to a person or to people close to him or her.

There are different kinds of drug users:

- ☐ *Experimental Users*—These people may try various drugs once or twice out of curiosity about their effects.
- ☐ *Recreational Users*—These people use drugs to "get high" with friends or at parties, to be sociable, or to get into the mood of things.
- ☐ *Regular Users*—These people use drugs constantly to achieve or maintain a desired state, but continue to attempt normal activity (work, school, housework, etc.)
- ☐ *Dependent Users*—These users can't relate to anything but drug seeking and drug taking. They experience mental or physical discomfort when they need drugs and will do anything to obtain them.

Are All Drugs Harmful?

All drugs can be harmful. The effect of any drug depends on a lot of things, including how much is taken and how often, the way it is taken (smoking, taking pills, etc.), whether other drugs are taken at the same time, the user's personality, and the setting (the place and the other people).

Do People Often Take More Than One Drug?

Yes. Multiple drug use is very common. People who use one kind of drug are more likely to use other kinds of drugs too, whether by taking various drugs one after another or at the same time. Greater risks exist when a combination of drugs or a mixture of unknown pills is taken. A good example of multiple drug use is the use of alcohol and sleeping pills together, which can lead to respiratory failure and coma or death.

Let's take a quick look at three very common drugs. They are usually the first ones young people encounter in our society.

SOCIAL DRUGS

TOBACCO

Nicotine (the active ingredient in tobacco) acts as a stimulant to the heart and nervous system. When a cigarette smoker inhales tobacco smoke into his lungs, the heart beats faster and blood pressure rises.

Smoking is the Nation's most widespread, costly, and physically dangerous addiction. Dependence on nicotine involves one-third of the population and long term use can lead to such problems as lung and heart disease, and cancer.

ALCOHOL

Ethyl alcohol is the active ingredient in wine, beer, and liquors. In small doses, it has a calming effect, like all depressants. An occasional drink is usually not harmful and is considered by some to have good effects. Taken in larger quantities over long periods of time, alcohol damages the liver, brain, and heart. Repeated use of alcohol can cause permanent brain damage and impaired memory, judgment, and learning. Recent surveys indicate an increase in alcohol use and abuse among young people. Most Americans use alcohol regularly and alcoholism (addiction to alcohol) has long been considered a major problem in our country. The *National Clearinghouse on Alcohol Information* provides free information on alcohol abuse to anyone seeking it:

National Clearinghouse on Alcohol Information
Box 2345
Rockville, Maryland 20852.

MARIJUANA AND HASHISH

Marijuana and hashish come from a plant named *Cannabis sativa.* Marijuana cigarettes or "joints" are made from the dried leaves of the plant, and hashish comes from the dark brown or black resin on the tops of the plant. While *Cannabis* has over 400 chemicals, it is delta-9-tetrahydrocannabinol, or THC, that determines how strong the marijuana and hashish are. The more THC, the greater the "high."

Is Marijuana Safe?

No. Evidence has been gathering over the past 10 years that marijuana can cause serious physical and mental problems. Marijuana can affect a person's memory, driving ability, and school performance.

Scientific research shows that one marijuana joint a day decreases some lung functions as much as smoking 16 cigarettes a day. And marijuana smoke has more cancer-causing substances than tobacco smoke.

Many scientists think that if people smoke marijuana for a long time, they may develop lung problems like those of cigarette smokers.

Doctors are especially worried about marijuana's effects on young people who smoke while their bodies and minds are still rapidly developing.

THE STIMULANTS

These are the "uppers" that stimulate the nervous system. They make people more active, alert, and nervous. They usually relieve drowsiness, and disguise the effects of fatigue and exhaustion. The stronger stimulants sometimes produce a temporary "euphoria" (high mood). Using stimulants regularly makes some people irritable and overactive. People who use stimulants over a long period of time can become dependent on these drugs. When they stop using them, they may feel depressed or get headaches or other symptoms. These physical reactions are called "withdrawal."

CAFFEINE

Caffeine is the most popular stimulant. It is the active chemical found in coffee, tea, and cola drinks, often drunk to keep awake or stay alert. Caffeine is also the main ingredient in many pills you can buy over-the-counter in drug stores. Many people develop symptoms of "withdrawal" when they stop using caffeine.

AMPHETAMINES

Not only illegal drugs are abused. One of America's biggest drug problems involves the misuse of pills that doctors prescribe.

Some of these pills, called amphetamines (diet pills and pep pills like Dexedrine and Benzedrine), get into the black market or are stolen from the family medicine cabinet.

Use of amphetamines, especially when taken without a doctor's supervision, can lead to the yo-yo effect of "speed"—high one hour and down the next. Amphetamines can make people feel they need the drug and can cause physical and mental damage when used for a long period of time.

COCAINE

Cocaine ("coke"), most often sold in the form of a white powder, comes from the coca bush grown in South America. Cocaine is usually sniffed or "snorted" through the nostrils, although smoking "cocaine base," a substance derived from cocaine, is becoming popular. The "high" from cocaine happens immediately after use and can last up to about 20 minutes.

When snorted, cocaine can irritate the nostrils, throat, and sinuses. Long-term snorting can cause sleeplessness, anxiety, and sometimes delusions. Smoking causes the cocaine to reach the brain faster than snorting, but does not allow the user as much control over how much is absorbed into the body. Smoking cocaine increases the chances for serious emotional reactions such as anxiety (extreme and unreasonable fears) and paranoia (unfounded suspicion). Although rare, cocaine can cause death.

THE DEPRESSANTS

These are the "downers." They depress the central nervous system, make people calm or sleepy, and can be dangerous when used in large quantities. There are many drugs in this category, including sedatives (tranquilizers like Valium, Librium, Miltown, and Butisol) and hypnotics (sleeping pills like Nembutol, Seconal, Dalmane and Placidyl).

BARBITURATES

Barbiturates (Amytal, Butisol, Nembutal, and Seconal, for example) are pills prescribed by doctors for a few medical conditions. But they are one of our biggest drug abuse problems. Twice as many people die from overdoses of barbiturates as from overdoses of heroin. Barbiturates (sometimes called "barbs," "downs," or "reds") cause mental confusion, dizziness, and loss of memory. People sometimes get so confused they forget how many pills they've taken. This confusion can result in overdose.

Barbiturates are very addictive. In fact, people dependent on barbs have to be very careful coming off them. Sudden withdrawal from heavy doses of barbiturates can cause a medical emergency—fear, restlessness, convulsions, even death. To stop taking barbiturates after using them heavily, see a physician first.

Barbiturates and alcohol taken together make each other more powerful. Mixing even a few sleeping pills with alcohol is very dangerous, can lead to an overdose, and is a frequent cause of accidental death. Never let anyone take any barbiturates, sedatives, or other downers if they've been drinking.

OTHER SEDATIVES

People can buy other kinds of depressants over-the-counter or with a doctor's prescription at their pharmacies, to help them sleep or to relieve tension.

Minor tranquilizers (like Valium and Librium) are the most prescribed drugs in the world—especially for adult women and older men who complain of anxiety or depression. They are not as dangerous as barbiturates, but all the general cautions about downers still hold. Tranquilizing drugs can create a feeling of needing the drug, of not wanting to be without it. Many patients take them too casually, too often, and too much. If you have a doctor's prescription for such drugs, use them carefully and only as prescribed. Be sure your children understand that these pills are medicines and store them out of reach of young hands.

THE NARCOTICS

Narcotics act much like barbiturates. They are derived from opium or are made synthetically. They are all very addictive. Mainly used in medicine as pain killers, the narcotics make people both physically addicted and mentally dependent. Codeine, Empirin with codeine, and Demerol are commonly prescribed narcotics. The "opiates," a more powerful class of narcotics derived directly from the opium poppy, include opium, morphine, and heroin. Heroin, usually injected, creates a temporary high and is always addictive if used daily. Although the medical effects of the drug may be no more severe than those of the barbiturates, the great need for heroin often leads to personal desperation and crime in an effort to get money to buy this expensive, illegal drug.

THE MIND-CHANGERS

Recently, much public attention has been given to a class of illegal drugs called the hallucinogens. They act differently in the body than stimulants and depressants. They seem to change the way we see and hear the world around us. They produce hallucinations and delusions.

LSD

Probably the best known mind-changer is LSD ("acid"). It is one of the most powerful chemicals known; an amount almost too small to see with the naked eye is enough to cause disorienta-

tion for up to 12 hours. Continued use of LSD can result in serious personality breakdown.

PCP

One serious drug of abuse, phencyclidine, is a tranquilizer for animals. Called PCP ("hog" or "angel dust"), its effects can include a feeling of numbness in arms and legs, and hallucinations. Sprinkled on tobacco or marijuana cigarettes or taken in capsules, PCP can create temporary psychosis very much like acute schizophrenia. It often leads to paranoia and has been linked with serious violence.

OTHER HALLUCINOGENS

Mescaline is the active ingredient in the peyote cactus. Psilocybin is the psychedelic drug in the so-called "magic mushroom" found in Mexico. Both can be made in the laboratory but rarely show up in the black market in pure form.

The black market laboratories continue to produce new kinds of synthetic hallucinogens. "STP" is one such drug, which has been found to be very dangerous. "MDA" is another: this one seems to also act like a stimulant.

GLUE AND OTHER INHALANTS

Young children often try to sniff glue or inhale other volatile chemicals—deodorant or hair spray, or even gasoline fumes—to get high. These materials are poisonous and very dangerous. Part of their intoxicating effect comes from cutting off oxygen to the brain or affecting the lungs. Chemicals in these substances, like the propellant in aerosol, can enter the blood and affect the brain. Overdoses of these chemicals lead to kidney and brain damage.

WHAT TO DO IF YOU ALREADY HAVE A DRUG PROBLEM IN YOUR FAMILY

Until now, we've talked mostly about preventing drug abuse before it starts. This is the best way. But sometimes a member of your family may become involved with drugs. When this happens, remember that panic or anger won't help either of you. The person abusing drugs needs your support and understanding help more than ever before.

Solving a drug problem as soon as it appears is called early intervention. In many ways the skills you need to practice early intervention are like the skills used in prevention. You need to understand what your child is going through. The information on drugs in this pamphlet can give you some ideas. Beyond that, it is important to remember the reasons why people use drugs: to change the way they feel and to escape problems. Drug abuse is

often a symptom of other personal problems. S/he may be hurt, angry, or upset. S/he may have begun to use drugs because of peer pressure.

The first step, then, is to try to find out what the problem is. Talk to your young drug abuser. Be open and calm. It's important to remember that whatever the family problem-solving method was throughout childhood, it is still valid. If problems were discussed, they still can be. If doctors, clergy, social workers, or friends have provided support to your family during previous difficult times, these persons can be of help now. When problems occur, especially drug problems, listen first and then discuss. Don't cut each other off.

If you have a serious drug problem in your family that you feel you can't handle or if you are in a crisis (like a medical emergency), nearly every community has hot lines, counselors, and organizations that can help. A list of Single State Agencies for Drug Abuse Prevention, the main drug abuse organizations in each State, is included in the back of this pamphlet. These State agencies can refer you to help in your community.

The final thing to know about intervention is that it works best when it's practiced early. Continued drug abuse not only increases the likelihood of permanent harm, but also the effects of the drugs quickly can begin to overshadow the original problem that triggered the abuse. If you think one of your children has a drug problem, act quickly, but act calmly. *You* can make the difference.

Here are a few commonsense suggestions which may be helpful in early drug abuse intervention.

☐ *Don't panic.* Many young people experiment with drugs at some time in their lives; most will not become dependent.

☐ *Try to talk with your children.* Find out as much as possible about the situation.

☐ *Consult other parents.* Peer pressure in the drug scene is very powerful. A group of parents acting together against drug use, however, can break up that pressure by affecting several members of a peer group.

☐ *Send away for a free pamphlet.* The National Institute on Drug Abuse has prepared another pamphlet called *Prevention for You and Your Friends.* It is written for young people and it tells them how they can help their friends avoid drug abuse. Or send away for *This Side Up,* a valuable source book for young people faced with making decisions about drugs.

☐ *Be informed about school and community programs,* in case it seems wise to refer children for counseling or other help. (The bibliography on page 19 also might help.)

☐ *Be alert to positive alternatives.* Assist the young in discovering other physical, recreational, emotional, mental, or spiritual alternatives to the drug experiences that are just as much fun.

☐ *Become a model.* Parental misuse of drugs sets a double standard when it comes to discouraging adolescent drug use. To many young people, it seems that their mothers and fathers are "popping" unneeded tranquilizers, drinking heavily, or using diet pills more often than their peers.

☐ *Start prevention now.* An ounce of prevention *is* worth a pound of cure, especially in the area of drug abuse. If older children have gone through a period of drug use, use the lessons learned to help with the younger ones.

Conclusions

Drug abuse is a problem which can be prevented. Prevention is not an easy task, but it *is* a simple idea. You're probably already practicing prevention. We hope this pamphlet has given you an idea of what prevention is and how you can practice it even better. Finally, prevention rests with you. *You* can *stop* drug abuse *before* it starts.

INFORMATION RESOURCES
Alcohol, Mental Health, and Drug Abuse Information

National Clearinghouse for Drug Abuse Information
National Institute on Drug Abuse
P.O. Box 1701
Washington, DC 20013

National Clearinghouse for Mental Health Information
National Institute of Mental Health
5600 Fishers Lane, Room 11A-33
Rockville, MD 20857

National Clearinghouse for Alcohol Information
National Institute on Alcohol Abuse and Alcoholism
P.O. Box 2345
Rockville, MD 20850

Technical Information Center
Office on Smoking and Health
5600 Fishers Lane, Room 1-16
Rockville, MD 20857

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**Deciding About Drugs—A Woman's Choice.* Washington, DC: Superintendent of Documents, U.S. Government Printing Office, 1979.

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Pacific Institute for Research and Evaluation. *Balancing Head and Heart: Sensible Ideas for the Prevention of Drug and Alcohol Abuse.* Lafayette, Calif.: Prevention Materials Press, 1975.

*Single copies free of charge from:
National Clearinghouse for Drug Abuse Information
P.O. Box 1701
Washington, D.C. 20013

SINGLE STATE AGENCIES

ALABAMA
Drug Abuse Program Section
Division of Alcoholism and Drug Abuse
Department of Mental Health
135 S. Union
Montgomery, Alabama 36130

ALASKA
Office of Drug Abuse
Dept. of Health & Social Services
Pouch H-05F
Juneau, Alaska 99811

ARIZONA
Drug Abuse Programs
Division of Behavioral Health Services
Department of Health Services
2500 East Van Buren
Phoenix, Arizona 85008

ARKANSAS
Office of Drug and Alcohol Abuse Prevention
Dept. of Social & Rehab. Services
1515 Building
1515 West 7th
Little Rock, Arkansas 72203

CALIFORNIA
California Department of Alcohol and Drug Abuse
111 Capital Mall
Sacramento, California 95814

COLORADO
Alcohol & Drug Abuse Division
Department of Health
4210 East 11th Avenue
Denver, Colorado 80220

CONNECTICUT
Connecticut Alcohol and Drug Council
Department of Mental Health
90 Washington Street
Hartford, Connecticut 06115

DELAWARE
Bureau of Substance Abuse
1901 N. Dupont Highway
New Castle, Delaware 19720

FLORIDA
Bureau of Drug Abuse Prevention
Division of Mental Health
Dept. of Health & Rehab. Services
1317 Winewood Blvd.
Tallahassee, Florida 32301

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Alcohol and Drug Abuse Section
Div. of Mental Health & Retardation
Department of Human Resources
618 Ponce De Leon Avenue, N.E.
Atlanta, Georgia 30308

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Alcohol and Drug Abuse Branch
Department of Health
1270 Queen Emma Street, Room 404
Honolulu, Hawaii 96813

IDAHO
Bureau of Substance Abuse
Division of Community Rehabilitation
Department of Health and Welfare
700 West State Street
Boise, Idaho 83720

ILLINOIS
Dangerous Drugs Commission
300 North State Street, 15th Floor
Chicago, Illinois 60610

INDIANA
Division of Addiction Services
Department of Mental Health
5 Indiana Square
Indianapolis, Indiana 46204

IOWA
Iowa Drug Abuse Authority
505 5th Avenue
Des Moines, Iowa 50319

KANSAS
Drug Abuse Unit
Dept. of Social and Rehab. Services
Biddle Bldg.
2700 W. 6th Street
Topeka, Kansas 66608

KENTUCKY
Alcohol and Drug Abuse Branch
Division for Prevention Services
Bureau of Health Services
Department of Human Resources
275 East Main Street
Frankfort, Kentucky 40601

LOUISIANA
Bureau of Substance Abuse
Division of Hospitals
Louisiana Health and Human Resource Administration
200 Lafayette Street
Baton Rouge, Louisiana 70804

MAINE
Office of Alcoholism and Drug Abuse Prevention
Bureau of Rehabilitation
32 Winthrop Street
Augusta, Maine 04330

MARYLAND
Drug Abuse Administration
Dept. of Health & Mental Hygiene
Herbert O'Conor Office Building
201 W. Preston Street
Baltimore, Maryland 21201

MASSACHUSETTS
Division of Drug Rehabilitation
Department of Mental Health
160 N. Washington Street
Boston, Massachusetts 02114

MICHIGAN
Office of Substance Abuse Services
3500 North Logan Street
P.O. Box 30035
Lansing, Michigan 48909

MINNESOTA
Drug and Alcohol Authority
Chemical Dependency Division
Dept. of Public Welfare
658 North Cedar Street
St. Paul, Minnesota 55155

MISSISSIPPI
Division of Drug Misuse
Department of Mental Health
619 Lee State Office Building
Jackson, Mississippi 39201

MISSOURI
Division of Alcoholism & Drug Abuse
Department of Mental Health
2002 Missouri Blvd.
Jefferson City, Missouri 65101

MONTANA
Addictive Diseases Division
Department of Institutions
1539 11th Avenue
Helena, Montana 59601

NEBRASKA
Nebraska Commission on Drugs
P.O. Box 94726
State Capitol Building
Lincoln, Nebraska 68509

NEVADA
Bureau of Alcohol & Drug Abuse
Rehabilitation Division
Department of Human Resources
505 East King Street
Carson City, Nevada 89710

NEW HAMPSHIRE
Office of Drug Abuse Prevention
3 Capital Street, Room 405
Concord, New Hampshire 03301

NEW JERSEY
Division of Narcotic and Drug
Abuse Control
Department of Health
129 East Hanover Street
Trenton, New Jersey 08625

NEW MEXICO
Drug Abuse Agency
Department of Hospitals & Institutions
P.O. Box 968
Santa Fe, New Mexico 87503

NEW YORK
Office of Drug Abuse Services
Executive Park South
Albany, New York 12203

NORTH CAROLINA
North Carolina Drug Commission
325 N. Salisbury Street
Raleigh, North Carolina 27611

NORTH DAKOTA
Division of Alcoholism and Drug Abuse
Department of Health
909 Basin Avenue
Bismarck, North Dakota 58505

OHIO
Ohio Bureau of Drug Abuse
Division of Mental Health
Department of Mental Health and
Mental Retardation
65 S. Front Street, Room 211
Columbus, Ohio 43215

OKLAHOMA
Division of Drug Abuse Services
Department of Mental Health
P.O. Box 53277, Capitol Station
Oklahoma City, Oklahoma 73105

OREGON
Programs for Alcohol and
Drug Problems
Mental Health Division
Department of Human Resources
2575 Bittern Street, N.E.
Salem, Oregon 97310

PENNSYLVANIA
Governor's Council on Drug
and Alcohol Abuse
Riverside Office Center
Building No. 1, Suite N
2101 North Front Street
Harrisburg, Pennsylvania 17110

RHODE ISLAND
Rhode Island Drug Abuse Program
Department of Mental Health and
Retardation and Hospitals
303 General Hospital
Rhode Island Medical Center
Cranston, Rhode Island 02920

SOUTH CAROLINA
South Carolina Commission on
Alcohol and Drug Abuse
3700 Forest Drive
P.O. Box 4616
Columbia, South Carolina 29240

SOUTH DAKOTA
Division of Drugs and
Substance Control
Department of Health
Joe Foss Building
Pierre, South Dakota 57501

TENNESSEE
Alcohol and Drug Abuse Section
Department of Mental Health
501 Union Street, 4th Floor
Nashville, Tennessee 37219

TEXAS
Drug Abuse Division
Department of Community Affairs
Box 13166, Capitol Station
Austin, Texas 78711

UTAH
Division of Alcoholism and Drugs
150 N. Temple
Salt Lake City, Utah 84110

VERMONT
Alcohol and Drug Abuse Division
Department of Social & Rehab. Services
State Office Building
Montpelier, Vermont 05602

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Department of Mental Health/
Mental Retardation
Division of Substance Abuse Control
Commonwealth of Virginia
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Department of Health and Social Services
One West Wilson Street, Room 523
Madison, Wisconsin 53702

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Cheyenne, Wyoming 82001

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